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PERMANENT RECORD
WRITE PLAINLY WITH UNFADING INK
In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Dea</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>121</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>791</u>
Town of <u>miami</u>	No. <u>K-27 line oak Camp St</u>		Local Registrar No. _____
or _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		Ward _____
City of _____	2. Full name of child <u>marcos Cota</u>		If child is not yet named, make supplemental report, as directed.
3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
6. Date of birth <u>Dec 7 1924</u>	Month <u>Dec</u> day <u>7</u> year <u>1924</u>	5. No., in order of birth _____	
8. FATHER Full name <u>Manuel Cota</u>		14. MOTHER Full maiden name <u>Salares Corrales</u>	
9. Residence (Usual place of abode) <u>Miami, Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami, Arizona</u> If nonresident, give place and state	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>34</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>33</u> (Years)
12. Birthplace (city or place) _____ (State or country) <u>Mexico</u>		18. Birthplace (city or place) _____ (State or country) <u>Mexico</u>	
13. Occupation <u>Machine man</u> Nature of industry <u>Copper mining</u>		19. Occupation <u>Housewife</u> Nature of industry _____	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>7</u> (c) Stillborn <u>0</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>12:20 P.</u> on the date above stated. (Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>J. J. Miller</u> (Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Miami, Arizona</u>	
Month, day, year. _____		Filed <u>Oct 31, 1924</u> <u>C. E. Davis</u> Local Registrar.	
Registrar. _____		Filed <u>11-5-24</u> <u>B. G. Davis</u> County Registrar.	

431-1007-432